



TRANSMITTAL FORM

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Total Number of Pages in This Submission

19

Application Number

10/655,151

Filing Date

September 3, 2003

First Named Inventor

Yee, Kingman

Art Unit

3739

Examiner Name

Ahmed M. Farah

Attorney Docket Number

018158-013211US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
|--|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Chun-Pok Leung

Date

June 10, 2005

Reg. No.

41,405

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Joy Salvador

Date

June 10, 2005



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**2400.00**

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/655,151 |
| Filing Date | September 3, 2003 |
| First Named Inventor | Yee, Kingman |
| Examiner Name | Ahmed M. Farah |
| Art Unit | 3739 |
| Attorney Docket No. | 018158-013211US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) | Fee (\$) |
|---|--------------|----------|----------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 | |
| Multiple dependent claims | 360 | 180 | |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------|---------------|----------|---------------|---------------------------|----------|---------------|
| 26 | -20 or HP = 0 | x \$50 | = \$0 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| 15 | -3 or HP = 12 | x \$200 | = \$2,400 | | | |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof Fee (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

SUBMITTED BY

| | | | | | |
|-------------------|----------------|-----------------------------------|--------|-----------|---------------|
| Signature | | Registration No. (Attorney/Agent) | 41,405 | Telephone | 650-326-2400 |
| Name (Print/Type) | Chun-Pok Leung | | | Date | June 10, 2005 |



PATENT
Attorney Docket No.: 018158-013211US
Client Ref. No.: VX-1082

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

KINGMAN YEE *et al.*

Application No.: 10/655,151

Filed: September 3, 2003

For: GENERATING SCANNING
SPOT LOCATIONS FOR LASER
EYE SURGERY

Customer No.: 20350

Confirmation No.: 6519

Examiner: Ahmed M. Farah

Technology Center/Art Unit: 3739

AMENDMENT

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed March 11, 2005, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 12 of this paper.

06/14/2005 HUUONG1 00000003 201430 10655151

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